



P.O. Box 50636
Knoxville, TN 37950
Phone: (865) 588-5422
Fax: (865) 588-6857



January 31, 2009

Permit Writer
KPDES Branch, Division of Water
Frankfort Office Park
14 Reilly Road
Frankfort, KY 40601

RE: Pilot Travel Centers LLC #048
Renewal of KYPDES Permit # KY0080764
Expiring July 31, 2009

CERTIFIED MAIL # 7006 3450 0000 6559 7984

Dear Sir or Madam,

Please receive the following renewal application for the re-issuance of the KPDES permit for the above referenced facility. A list of included documents is listed below, and a check for the application fee is also enclosed.

Form 1
Form F
Form SC
Topographic Map
Flow Schematic
Site Plan
Check

Please feel free to contact me with any questions at 865-588-5422.

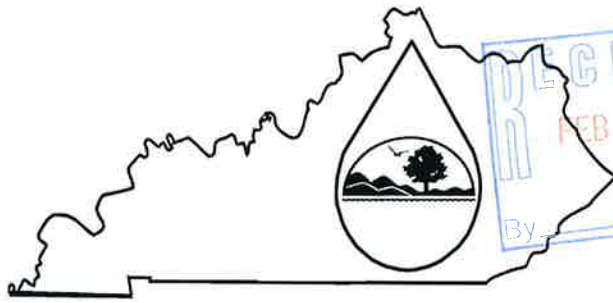
Thank you,

Canna Jones
Dynamis, Inc

enclosures
cc: Pilot Travel Centers

KPDES FORM 1

AI#1668



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☐ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

CK 208-

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0080764
A. Name of business, municipality, company, etc. requesting permit Pilot Travel Centers, LLC			
B. Facility Name and Location		C. Facility Owner/Mailing Address	
Facility Location Name: Pilot Travel Center No. 048		Owner Name: Pilot Travel Centers, LLC	
Facility Location Address (i.e. street, road, etc.): 58 Glendale- Hodgenville Road		Mailing Street: 5508 Lonas Rd	
Facility Location City, State, Zip Code: Glendale, KY 42740		Mailing City, State, Zip Code: Knoxville, TN 37909	
		Telephone Number: 865-588-7488	

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Retail facility for sales of gasoline and diesel fuel, hosting a convenience market, fast food restaurant and other amenities.

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description: 5541 Diesel/ gasoline fueling station

Other SIC Codes: 4952 sewerage system

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:
Hardin

City where facility is located (if applicable):
Glendale

C. Body of water receiving discharge:
unnamed tributary of Jackson Branch to Nolin River

D. Facility Site Latitude (degrees, minutes, seconds):
37° 35' 50"

Facility Site Longitude (degrees, minutes, seconds):
-85° 51' 50"

E. Method used to obtain latitude & longitude (see instructions): map interpolation

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☐ Publicly Owned ☒ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

James Dant

Telephone Number:

270-765-5486

Operator Mailing Address (Street):

1440 Sportsman Lake Rd

Operator Mailing Address (City, State, Zip Code):

Elizabethtown, KY 42701

Is the operator also the owner?

Yes ☐ No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒ No ☐

Certification Class:

IV

Certification Number:

7772

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0080764

Issue Date of Current Permit:

01/01/2002

Expiration Date of Current Permit:

07/31/04

Number of Times Permit Reissued:

unknown

Date of Original Permit Issuance:

unknown

Sludge Disposal Permit Number:

n/a

Kentucky DOW Operational Permit #:

n/a

Kentucky DSMRE Permit Number(s):

n/a

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	n/a	
Solid or Special Waste	n/a	
Hazardous Waste - Registration or Permit	n/a	

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):

Joey Cupp, Environmental Manager

DMR Official Telephone Number:

865-588-7488

B. DMR Mailing Address:

- Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or
- Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.

DMR Mailing Name:

Joey Cupp

DMR Mailing Address:

P.O. Box 10146

DMR Mailing City, State, Zip Code:

Knoxville, TN 37939


VII. APPLICATION FILING FEE

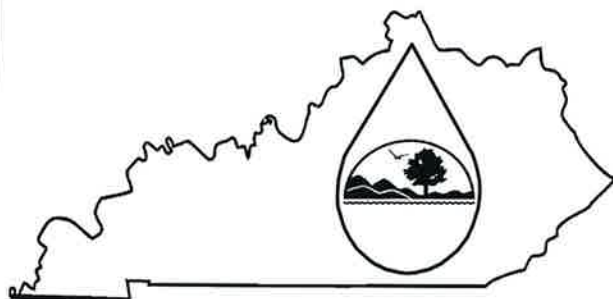
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Intermediate Non-POTW <i>NPZNP</i>	\$ 200.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Joey Cupp, Environmental Manager	865-588-7488
SIGNATURE	DATE:
	1-30-09



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Pilot Travel Centers LLC No. 048											
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE	0	0	8	0	7	6	4
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week?				7							
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): The wastewater treatment system was designed To serve ~300 people per day and for a discharge of 0.010 MGD.											
B. If new discharger, indicate anticipated discharge date:				n/a							
C. Indicate the design capacity of the treatment system:				0.015 MGD							

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	37	35	50	85	51	50	Unnamed tributary of Jackson Branch to Nolin River
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				Mapping software			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Wastewater treatment plant	0.015 MGD	Grease trap, surge tank,	1Y, 2H
			Aerobic/ anaerobic clarifier	3D, 3E
			Recirculation filters	3H, 3L
			Disinfection	3T, 4A, 5B

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☐ Yes ☒ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:

0

(If bypass points are indicated, information below must be completed for each bypass.)

Check when bypass occurs:

☐

Wet Weather

☐

Dry Weather

Give the number of bypass incidents

per year

per year

Give average duration of bypass

hours

hours

Give average volume per incident

1,000 gallons

1,000 gallons

Give reason why bypass occurs:

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:

☐

Wet Weather

☐

Dry Weather

Give the number of overflow incidents:

per year

per year

Give average duration of overflow:

hours

hours

Give average volume per incident:

1,000 gallons

1,000 gallons

C. Number of seasonal discharge points

0

Give the number of times discharge occurs per year

Give the average volume per discharge occurrence

(1,000 gallons)

Give the average duration of each discharge

(days)

List month(s) when the discharge occurs

X. AREA SERVED (see instructions)

NAME

ACTUAL POPULATION SERVED

Pilot Travel Centers LLC No. 048

~300 per day

TOTAL POPULATION SERVED

~ 300 per day

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS

Additive	Composition	Concentration (mg/l)
n/a		

XII. EFFLUENT CHARACTERISTICS


A. Indicate results of analysis for pollutants listed below.

POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	5 mg/L	2.5 mg/L	2 mg/L
TOTAL SUSPENDED SOLIDS	< 5 mg/L	< 5 mg/L	2 mg/L
FECAL COLIFORM	< 10 mg/L	< 10 mg/L	2 mg/L
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW	0.0108 MGD	0.00972 MGD	2
pH	7.3		2
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

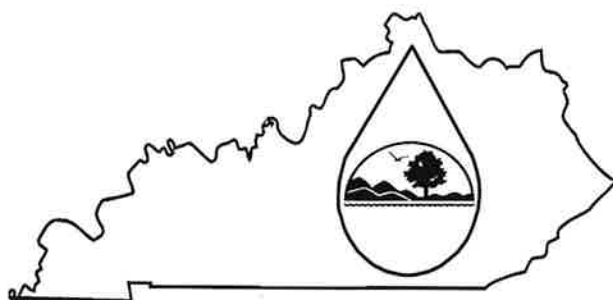
B. Frequency and duration of flow:

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Joey Cupp, Environmental Manager	TELEPHONE NUMBER (area code and number): 865-588-7488
SIGNATURE 	DATE 1-30-09

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION	AGENCY USE								
----------------------------	------------	--	--	--	--	--	--	--	--

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
002	37	35	50	85	51	50	Unnamed tributary of Jackson Branch to Nolin River

II. IMPROVEMENTS

- A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
NA					

- B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
002	Approximately 360, 000 ft2	Approximately 360, 000 ft2			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

This facility operates as a gasoline and diesel refueling center. By design, the fuel is not handled in any manner to allow exposure to storm water. In the event that a spill occurs, absorbent material is applied to the spill area by a trained employee, and discarded appropriately. In the event that stormwater comes into contact with spilled fuel, paved surface area at the fueling islands has been graded and curbed such that contaminated storm water can be directed to a strip drain which delivers the water to an oil water separator for treatment. Pesticides, herbicides, soil conditioners and fertilizers are not applied at the facility.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
002	Pavement grading and curbing to direct stormwater to drains, by design. Pass through oil water separator inspected monthly, maintained biannually. Retention pond inspected monthly, maintained as needed.	1-U, 4-A

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Joey Cupp, Environmental Manager		1-30-09

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

n/a

VI. SIGNIFICANT LEAKS OR SPILLS

VII. DISCHARGE INFORMATION

A,B,C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☒ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).
☐ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Microbac Laboratories, Inc.	3323 Gilmore Industrial Blvd Louisville, KY 40213	502-962-6400	NPDES permit parameters
SPL	500 Ambassador Caffery Parkway Scott, LA 70583	337-237-4775	O&G, BOD, TSS, NO2-NO3, COD, TP, TKN, pH, temp, flow

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)

AREA CODE AND PHONE NO.

Mr. ☒ Ms. ☐ Joey Cupp, Environmental Manager

865-588-7488

SIGNATURE

DATE SIGNED



1-30-09

OUTFALL NO: 002

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	ND	N/A			3	gasoline and diesel fuel
Biological Oxygen Demand BOD ₅	24				1	environmental, alage
Chemical Oxygen Demand (COD)	451				1	
Total Suspended Solids (TSS)	7		2.3		3	environmental, alage
Total Kjeldahl Nitrogen	30.1				1	environmental
Nitrate plus Nitrite Nitrogen	ND				1	environmental
Total Phosphorus	4.02				1	environmental
pH	Minimum	Maximum	Minimum	Maximum	3	7.1 max 7.2 geomean

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

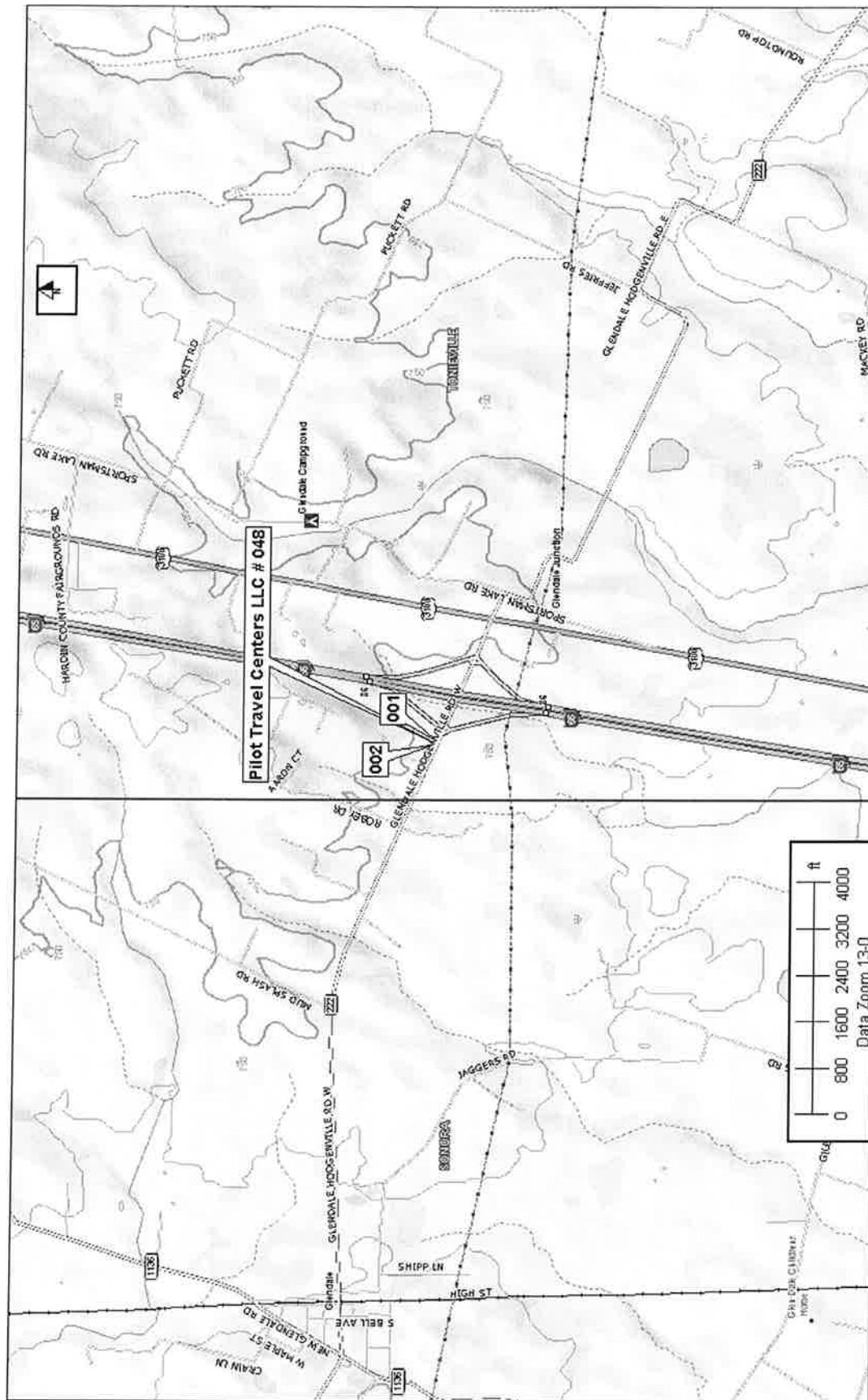
[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
NA					

7. Provide a description of the method of flow measurement or estimate.

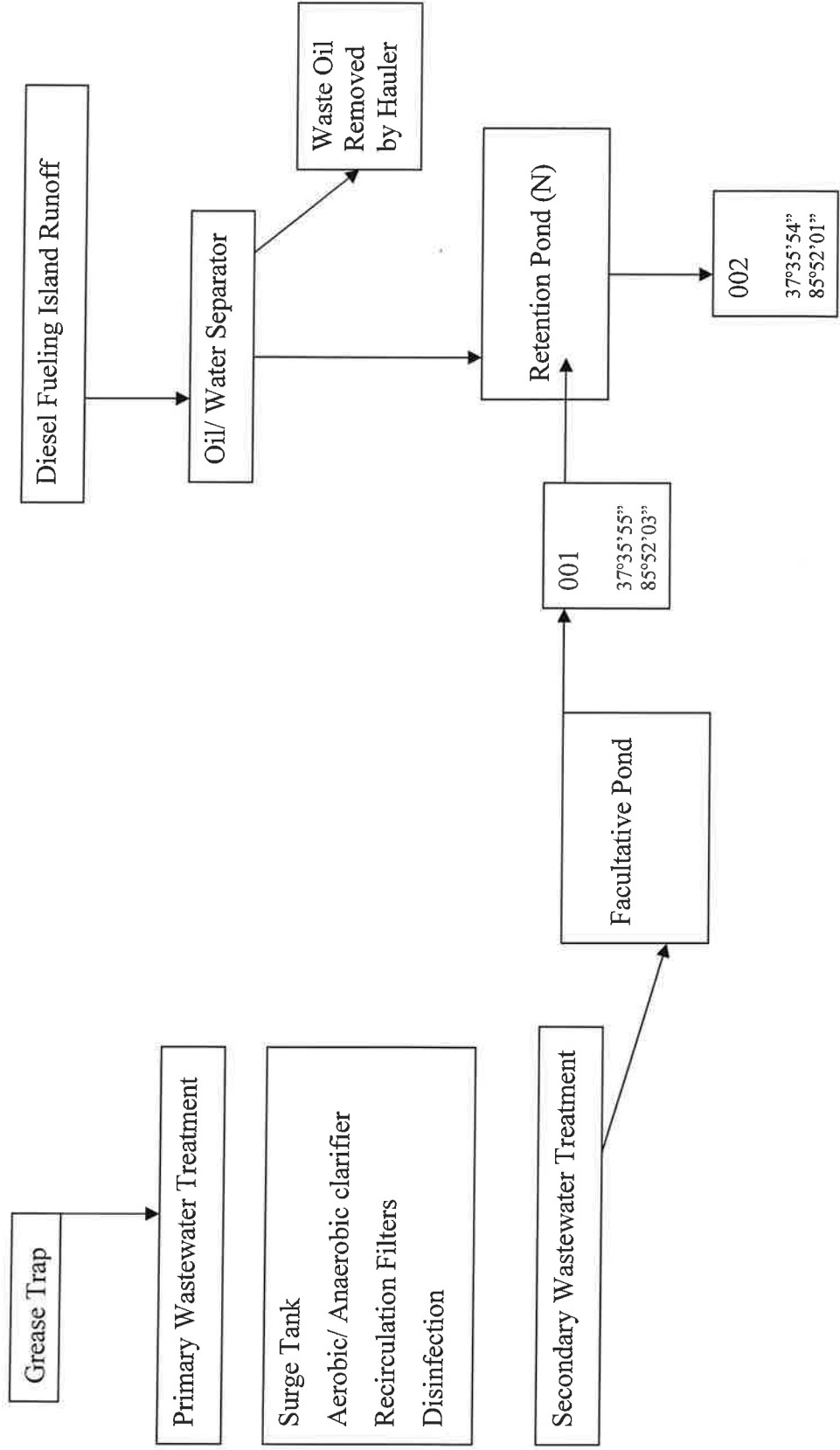
NA



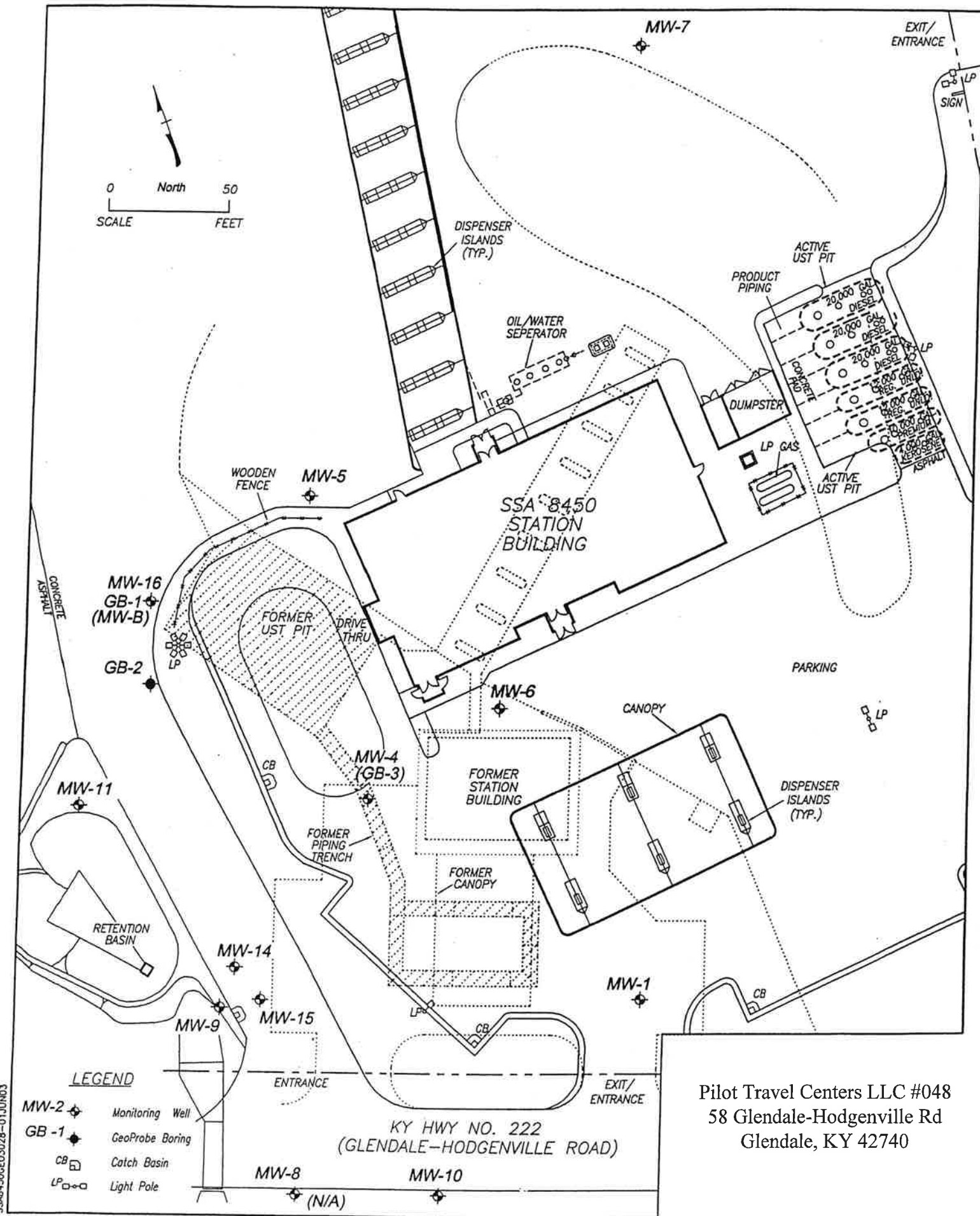
Dynamis, Inc.
 SPCC/BMP

Topographic Map
 showing USGS Grids

Pilot Travel Centers LLC #048
KPDES 0027251
Site Flow Schematic

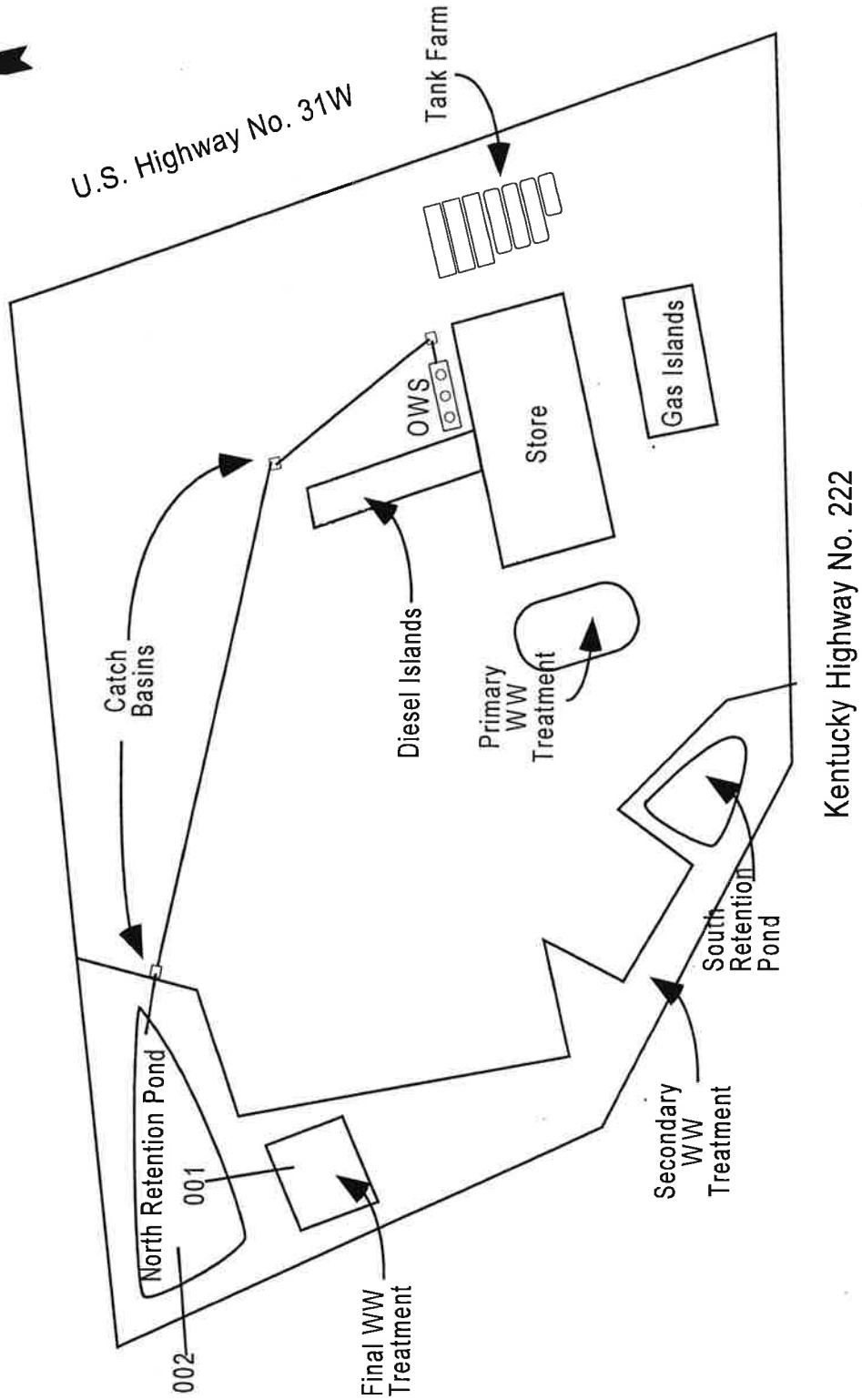


SSAB450CE03028-01JUN03



Pilot Travel Centers LLC #048
58 Glendale-Hodgenville Rd
Glendale, KY 42740

PILOT TRAVEL CENTER LLC No. 048
GLENDALE, KY
KPDES No: KY0080764



Interstate 65